119000 155914

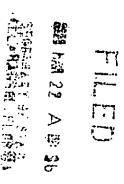
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

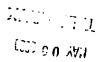




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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: Les:	5 Traveled Wanne of Lim	Day, LLC ited Bability Company	
	Amendment and fee(s) are sub	-	
riease return all correspor	ndence concerning this matter	to the following:	
	Jud,	Ascongh Name of Person	
	Less_7	Traveled Way.	LLC
	21039	Fletcher Rd	
		Gien FL 322 City/State and Lip Code	
	Suwanni E-mail address: (t	ee lental @ 9.	Mail Com
For further information co	ncerning this matter, please ca	all;	
Judy Name of	Ascongh Person	at 13 <i>86 + 208 -</i> Area Code Daytim	302 7 e Telephone Number
Enclosed is a check for the	e following amount:		
X \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Li \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	i 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S	ection	Street Address: Registration Sec	
Division of Co	nporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida	Company as it now appears of Limited Liability Company)	L L C	
The Articles of Organization for this Limited Liability Co Florida document number <u>L / 9000/559</u> /	ompany were filed on 🔟 🏒	12/19.	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limit	ted I jubility Company " the desig	nation "L1 C" or the abbi	eviation "L.I. C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRI	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		75-10 11-10 12-10	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ا ددائ	of the new registered
Name of New Registered Agent:		ر هنسمه	
New Registered Office Address:	Emer Florida	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· ·
		, Florida _	
	Cuy		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Ascough, James	694 Soddy Bluff VW	□Add
		694 Soddy Bluff VW Goddy Bhisy, TN 3737	Z Kemove
			EJChange
MGR	Ascoxgh, LeonardW	P.D. Box 206	Cladd
		OBrien, FL 32071_	_ iXRemove
			i]]Change
		···-··	□Add
			[]Remove
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<u>Sote:</u> If t	date, if other than the date of filing:	e applicable statu	illing or more than 9 tory tilling requirer	(optional) Days after filing.) Pur nents, this date will	suant to 605,0207 not be listed as
record sp l is filed.	pecifies a delayed effective date, but not an effe	ective time, at 12:	:01 a.m. on the car	lier of: (b) The 90	th day after the
ated	4/10/20				
	Signature of a member	or authorized repre	esentative of a memb	Der	
	Judy Ospon	or printed name of			
		'		· 	

•

Filing Fee: \$25.00